

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER The Golden Rule Home		STREET ADDRESS, CITY, STATE, ZIP CODE 38801 Hardesty Road Shawnee, OK 74801	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46387</p> <p>Based on observation, record review, and interview, the facility failed to:</p> <p>a) turn and reposition a resident with pressure ulcers for one (Res #2) of three sampled residents reviewed for pressure ulcers,</p> <p>b) obtain orders for treatment of pressure ulcers upon admission for one (Res #2) of three sampled residents reviewed for pressure ulcers, and</p> <p>c) complete weekly wound assessments for one (Res #3) of three sampled residents reviewed for pressure ulcers.</p> <p>The ED identified 36 residents resided in the facility.</p> <p>Findings:</p> <p>1. A facility repositioning policy, revised April 2013, documented a resident in bed should be repositioned at least every two hours, and a resident with a stage one or higher pressure ulcer may require more frequent repositioning. The policy documented the information recorded in the resident's record should include the position in which the resident was placed, the name and title of the individual who gave the care, and if the resident refused, why.</p> <p>Res #2 admitted to the facility on [DATE] with diagnoses which included edema, pain, and muscle weakness.</p> <p>An admission assessment, dated 05/09/24 at 10:10 a.m., documented Res #2 had wounds to the left heel, right hip, back, left hip, and right ischium. The assessment documented the resident was totally dependent on staff for bed mobility and transfers.</p> <p>A turning schedule and/or documentation of repositioning was not provided for 05/09/24 to 05/30/24.</p> <p>A Turning Schedule dated 05/30/24 through 06/04/24, documented the resident was not repositioned on 05/30/24 from 9:00 p.m. until 1:00 a.m., and 05/31/24 from 1:00 p.m. to 5:00 p.m</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A Turning Schedule dated 06/05/24 through 06/10/24, documented the resident was not repositioned on 06/06/24 from 9:00 a.m. to 1:00 p.m.</p> <p>A Turning Schedule was not provided for 06/23/24 through 06/27/24.</p> <p>A Turning Schedule dated 06/28/24 through 06/30/24, document the resident was not repositioned on 06/29/24 from 5:00 a.m. to 9:00 a.m., and from 9:00 a.m. to 1:00 p.m.</p> <p>A Turning Schedule, dated 07/01/24 through 07/06/24, documented the resident was not repositioned:</p> <ul style="list-style-type: none"> a) on 07/01/24 from 9:00 p.m. to 07/02/24 at 9:00 a.m., b) on 07/02/24 from 1:00 p.m. to 5:00 p.m., c) on 07/02/23 from 11:00 p.m. to 07/03/24 at 9:00 a.m., d) on 07/03/24 from 1:00 p.m. to 5:00 p.m., e) on 07/05/24 from 11:00 p.m. to 07/06/24 at 7:00 a.m., and f) on 07/06/24 after 9:00 p.m. <p>A turning schedule and/or documentation of repositioning was not provided from 07/07/24 to 07/17/24 when the resident discharged from the facility.</p> <p>ADL records were reviewed and did not include repositioning.</p> <p>On 08/13/24 at 2:18 p.m., the ADON stated residents who require assistance with positioning should be repositioned every two hours. Stated there was no additional documentation for repositioning.</p> <p>2. Res #2 admitted to the facility on [DATE] with diagnoses which included edema, pain, and muscle weakness.</p> <p>An admission assessment, dated 05/09/24 at 10:10 a.m., documented Res #2 had wounds to the left heel, right hip, back, left hip, and right ischium. The assessment documented the resident was totally dependent on staff for bed mobility and transfers.</p> <p>A TAR for May 2024, documented orders were not placed for wound care until 05/10/24.</p> <p>An order to consult with wound care specialists was documented on 05/14/24.</p> <p>On 08/13/24 at 3:19 p.m., the ADON stated orders for new admissions including referrals as needed should be placed by end of day of admission. They stated they did not know why Res #2's wound care orders were delayed. They stated they did not know why the order for the specialist was placed 5 days after admission.</p> <p>3. A facility Pressure Ulcer Risk Assessment policy, revised September 2013, documented nurses should conduct skin assessments at least weekly to identify changes.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Res #3 readmitted to the facility on [DATE] with diagnoses which included diabetes, renal insufficiency, and bradycardia.</p> <p>A wound care specialist note, dated 05/22/24, documented Res #3 had a stage four pressure wound to the right heel with an onset of over 99 days, measuring 1.0 X 1.2 X 0.1 cm.</p> <p>A weekly wound assessment log for June 2024, documented on 06/12/24, the resident had a DTI to the right heel, was being seen by the wound care specialist and a treatment was in place. No measurements were recorded for the wound.</p> <p>There was no documentation Res #3 was seen by the wound care specialists the week of 06/12/24.</p> <p>A wound care specialist note, dated 07/17/24, documented Res #3's heel wound measured 1.0 X 0.8 X 0.1 cm.</p> <p>A weekly wound log for July 2024, documented on 07/24/24 did not document measurements or observations of the pressure ulcer to the heel.</p> <p>On 08/14/24 at 1:45 p.m., the DON stated the missing skin assessments in June and July were not completed.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46387</p> <p>Based on record review and interview, the facility failed to provide hydration to a resident each shift for one (Res #2) of three residents reviewed for hydration and nutrition.</p> <p>The ED identified 36 residents resided in the facility.</p> <p>Findings:</p> <p>Res #2 admitted to the facility on [DATE] with diagnoses which included hypotension and acute kidney failure.</p> <p>A review of meal percentage records and intake and output records for May 2024 documented Res #2 did not receive hydration 13 of 69 opportunities.</p> <p>A review of meal percentage records and intake and output records for June 2024 documented Res #2 did not receive hydration two out of 90 opportunities.</p> <p>A review of intake and output records for July 2024 documented Res #2 did not receive hydration seven out of 51 opportunities.</p> <p>On 08/13/24 at 3:19 p.m., the ADON stated hydration and ice are passed to the residents three times per day, once on each shift. They stated they did not know why there were blanks on Res #2's hydration records.</p>